

103<sup>D</sup> CONGRESS  
1<sup>ST</sup> SESSION

# S. 763

To amend section 1729 of title 38, United States Code, to improve the Department of Veterans Affairs medical care cost-recovery program.

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## IN THE SENATE OF THE UNITED STATES

APRIL 2 (legislative day, MARCH 3), 1993

Mr. DURENBERGER introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

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## A BILL

To amend section 1729 of title 38, United States Code, to improve the Department of Veterans Affairs medical care cost-recovery program.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. PERMANENT AUTHORITY TO RECOVER COSTS**  
4                       **FOR CARE PROVIDED TO CERTAIN VETERANS**  
5                       **WITH SERVICE-CONNECTED DISABILITIES.**

6       Section 1729(a)(2)(E) of title 38, United States  
7       Code, is amended by striking out “August 1, 1994,”.

1 **SEC. 2. CREDITING OF THIRD-PARTY PAYMENTS RECEIVED**  
2 **BY DEPARTMENT OF VETERANS AFFAIRS.**

3 Paragraph (4) of section 1729(g) of title 38, United  
4 States Code, is amended to read as follows:

5 “(4)(A) The unobligated balance remaining in the  
6 Fund at the close of business on September 30 of any  
7 fiscal year which is in excess of any part of such balance  
8 that the Secretary determines is necessary in order to en-  
9 able the Secretary to defray, during the next fiscal year,  
10 the expenses, payments, and costs described in paragraph  
11 (3) shall, not later than January 1 of the next fiscal year,  
12 be deposited to the credit of appropriations available for  
13 the operation of Department medical centers, to be allo-  
14 cated to each medical center in proportion to the amounts  
15 credited to the Fund during the previous fiscal year that  
16 were attributable to care and services furnished through  
17 each such medical center.

18 “(B) Amounts credited under subparagraph (A) may  
19 not be offset by reductions in amounts otherwise available  
20 to the centers referred to in that subparagraph or in the  
21 total amount of funds to be made available to the Depart-  
22 ment for health care and medical services.”.

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